

Therapeutics Recreation

Youth 2022 Winter Quarter After School Program January 10 – March 9

Name	Gender		Race/Ethnicity (optional)	
Address City		State	Zip Code	
DOB Scho	ool		Teacher's (full name)	
Parent/Guardian Phone Number	Work		Cell	
Email Address		Disabi	lity	
Emergence Contact Name	Relatio	 nship	Number	
	orized Adults for Pa mitted to pick up a	child if they are	•	
2. Name	Contact Number			
	k-ups will be from lications by Friday, □Yes □No □Yes □No	Liberty City Ce	nter	
Check your en	rollment choices M	londay and/or	Wednesday	
<u>Mondays</u>			<u>'ednesday</u>	
January 10 – March 7 Jan. 10, 24, 31/Feb. 7, 14, 28/Mar. 7	Ja	January 12 – March 9 Jan. 12, 19, 26/Feb. 2, 9, 16, 23/Mar. 2 & 9		
Various Exercises & Activities		SCAC – Arts & Crafts		
☐Monday ONLY	□Wednes	day ONLY	□Both	
	17, MLK Jr. Holida President's Day Ho		_	

Recreation & Leisure Services administrative office is located at 1301 E. Victory Drive Savannah, GA 31404 Phone: 912-351-3841

 Does your child suffer from any disorder or medical condition that may impede or interfere with his/her ability to participate in any physical activity, including swimming safely?			
 Quick Facts: Priority placement is given to City of Savannah residents. Non-residents will be placed on a waiting list and contacted when a vacancy becomes available. Registrations should be made as soon as possible. Space is limited and filled on a first-come, first-serve basis. The City reserves the right to refuse enrollment to participants with a history of unacceptable behavior. Pick-up time is at 5:45 pm on Mondays and Wednesdays. 			
General Information: Parents/Caregivers must sign participants in and out each time the participant is picked up.			
Parental Consent : I give my child or client permission to participate in the Recreation & Leisure Services Therapeutic Program. I hereby release the Recreation & Leisure Services, City of Savannah, and its representatives of any obligation in the event of an accident or injury. I will allow my child (client) to be photographed or videotaped for the purpose of communicating the objectives and activities of the Recreation & Leisure Services Department.			
Parent/Guardian Signature Date			
COVID-19: I/We understand COVID-19 is a highly contagious virus that spreads quickly through person-to-person contact. Participating in City of Savannah programs and accessing City facilities could increase the risk of contracting COVID-19. The City in no way warrants that contracting COVID-19 or other contagions will not occur through participation and use of City programs/facilities.			